

CLAIMS ONLY

Application Number

10166999

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1										
2	1									
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50										
Total Indep										
Total Depend										
Total Claims										

 Total Indep
 39
 Total Depend
 40
 Total Claims